								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO								D 9/23/03						
Effective October 1, 2003									10670162					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			,				RAT	RATE FEE		7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE 385.00		OR	BASIC FEE	770.00			
TOTAL CHARGEABLE CLAIMS			/ minus 20=		•		X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			/ minus 3 =		*		X43=			OR	X86=			
MU	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=-			
* If	the difference	in column 1 is	less than zero, enter "0" in colum			column 2	TOTA			OR	TOTAL	770		
CLAIMS AS AMENDED - PART II							1012	16		JOH	OTHER	770		
		(Column 1)	ENDED	(Column 2)			SMALL ENTIT		ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 28	Minus	##	20	<b>8</b> . =	X\$ 9	=		OR	X\$18=	144		
	Ind pendent	. 2	Minus	***		=	X43=			OR	X86=			
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		+145	_		OR	+290=	٠.		
•										, ,	TOTAL			
	(Column 1) (Column 2) (Column 3)							EE.		O	ADDIT. FEE			
AMENDMENT B	CLAIMS			HIGH	EST			_1	ADDI-	ĺ		ADDI-		
		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F		PRESENT EXTRA	RATE		TIONAL	İ	RATE	TIONAL FEE		
	Total	. 26	Minus	**	<u> </u>	= 0	X\$ 9:			OR	X\$18=			
	Independent	. 2	Minus	***		= Q	X43=			OR	X86=			
٩	FIRST PRESE			1										
							+145:			OR	+290=			
		1					ADDIT. F			OR ,	TOTAL ADDIT, FEE			
-		(Column 1)		(Colum		(Column 3)				· /_				
Ξŀ		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		= .	X\$ 9=			OR	X\$18=			
	Independent	*	Minus	***		=	X43=	1			X86=			
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							$\dashv$		OR				
	the entering	mm d la tana 16 11	t-: t		105 '- ·	2	+145=			OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL ODIT. FEE			
T	rine ⁻Highest Nur The *Highest Num	mber Previously Pa ber Previously Paid	io For IN THIS I For (Total or	SPACE is Independer	iess thai nt) is the	n 3, enter "3." highest number (			ropriate box	in colu	ımn 1.			